



WILLIAM T FUJIOKA
Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

July 29, 2008

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**DEPARTMENT OF PUBLIC SOCIAL SERVICES: RECOMMENDATION TO
APPROVE AMENDMENT TO THE EMPLOYABILITY SCREENING SERVICES FOR
GENERAL RELIEF APPLICANTS/PARTICIPANTS CONTRACT WITH
QTC MEDICAL GROUP, INC., TO PROVIDE COMPREHENSIVE MEDICAL/MENTAL
EVALUATIONS FOR THE PURPOSE OF DETERMINING SUPPLEMENTAL
SECURITY INCOME ELIGIBILITY FOR GR PARTICIPANTS IN THE GR-TO-SSI
PROJECT
(ALL DISTRICTS AFFECTED) – (3 VOTES)**

SUBJECT

The Department of Public Social Services (DPSS) requires the services of QTC Medical Group, Inc., (QTC) to provide comprehensive medical/mental evaluations for physically and mentally disabled participants in the General Relief (GR) to Supplemental Security Income (SSI) project, for the purpose of providing comprehensive medical documentation in support of their SSI application.

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and instruct the Chair to sign the attached amendment between the County of Los Angeles and QTC Medical Group, Inc. QTC is to provide comprehensive medical/mental evaluations for GR to SSI project participants. The amendment will be effective July 30, 2008, or upon the Board of Supervisors' approval, whichever is later, through July 29, 2009. The estimated amendment cost is \$200,000 for the one-year term, financed with 100 percent net County cost (NCC), which was included in the

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Department's final budgetary changes for Fiscal Year (FY) 2008-09 recommended for approval by the Chief Executive Office (CEO). The additional \$200,000 does not affect the cost-effectiveness of the original contract.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

One of the major obstacles our GR participants encounter is accessing medical and mental health treatment and securing the associated medical and mental health documentation needed to substantiate their disability claim for SSI benefits. This project will address this need by referring participants to the contracted medical provider, QTC, who will do disability evaluations and write-ups in support of the SSI application.

Employability screening services are currently provided for GR applicants/participants through a contract with QTC Medical Group, Inc., which will expire on November 30, 2010. The proposed amended contract with QTC will add to the existing contract to ensure the County provides comprehensive medical/mental evaluations to participants under the GR to SSI project. The purpose of the comprehensive evaluation is to provide additional medical/mental documentation for GR participants who meet the disability criteria for SSI to demonstrate that the participant has a medically determinable physical or mental impairment that renders him or her unable to do any substantial gainful activity, and which has lasted or can be expected to last for a continuous period of not less than 12 months (or is terminal).

This comprehensive medical/mental evaluation is needed to support disability claims for GR participants applying for SSI benefits. Participants who are approved for SSI benefits are, therefore, terminated from GR. Additionally, participants who are approved for SSI benefits are also approved for Medi-Cal benefits resulting in savings to the County.

The goal of the GR to SSI project is to enable more GR participants in Los Angeles County to qualify for SSI. The project will serve 1,000 GR participants who have been aided the longest on GR and will provide intensive case management services to assist with barriers that have prevented them from successfully obtaining SSI benefits in the past.

This will also support Departmental efforts to prevent and reduce occurrences of homelessness by providing services to homeless individuals who lack medical/mental evaluations to support the SSI application.

Implementation of Strategic Plan Goals

The recommendations are consistent with the principles of the Countywide Strategic Plan Goal No. 1, Service Excellence, by providing the public with easy access to quality information and service; and Goal No. 4, Fiscal Responsibility, by strengthening the County's fiscal capability.

FISCAL IMPACT/FINANCING

The maximum amount for this amended contract for the one-year period is \$200,000. The cost associated with the GR to SSI project is financed with 100 percent NCC funds, which were included in the Department's final budgetary changes for FY 2008-09 recommended for approval by CEO.

The County shall pay Contractor for each comprehensive medical/mental evaluation and write-up completed. The County shall pay Contractor a firm fixed rate per evaluation and write-up during the term of this amendment as follows:

- | | | |
|----|---|----------|
| a) | Comprehensive Medical Evaluation and Write-up | \$335.00 |
| b) | Orthopedic or Neurology Evaluation and Write-up | \$275.00 |
| c) | Comprehensive Mental Evaluation and Write-up | \$275.00 |
| d) | Psychological Evaluation and Write-up | \$325.00 |

Successfully transitioning these individuals to SSI will result in significant savings to Los Angeles County (estimated total projected NCC savings of \$3,434,081 based on 200 approvals), through Interim Assistance Reimbursement (IAR), future GR grant savings and future County savings associated with decreased usage of other County services.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Approval of this contract amendment will enable the County to provide comprehensive medical and mental evaluations to participants in the GR to SSI project. The added services will be for one year, commencing July 30, 2008, and will continue through July 29, 2009.

The approval of this amendment will not result in unauthorized disclosure of confidential information, and will be in full compliance with federal, State, and County regulations.

This Board letter has been reviewed by County Counsel and the CEO. The amendment has been approved as to form by County Counsel and the CEO.

The Honorable Board of Supervisors
July 29, 2008
Page 4

The Contractor will not be asked to perform services which will exceed the approved contract amount, scope of work, or contract dates.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The recommended action will not infringe on the role of the County in relationship to its residents. The County's ability to respond to emergencies will not be impaired. There is no change in risk exposure to the County.

CONCLUSION

The Executive Office, Board of Supervisors, is requested to return one adopted stamped Board letter and five original signed copies of each agreement to DPSS.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'WTF', followed by a long horizontal flourish.

WILLIAM T FUJIOKA
Chief Executive Officer

WTF:SRH:MS
GP:JB:cvb

Attachments

c: County Counsel
Department of Public Social Services

**AMENDMENT NUMBER ONE
TO THE CONTRACT BETWEEN
COUNTY OF LOS ANGELES
AND
QTC MEDICAL GROUP, INC.
FOR
EMPLOYABILITY SCREENING SERVICES FOR
GENERAL RELIEF APPLICANTS/PARTICIPANTS**

Reference is being made to the document entitled "Employability Screening Services for General Relief Applicants/Participants" dated November 6, 2007, and further identified as County Contract #76383, hereinafter referred to as the "Contract."

Effective July 30, 2008, the Contract is amended as follows:

1. Section V. CONTRACT PAYMENT – Amendments are being done to numbers 1, 2, 3, 5, and 8 of this section, as follows:

1. The Maximum Contract Sum shall be seven million, nine hundred twenty-seven thousand, six hundred eighty-two dollars (\$7,927,682.00). This includes seven million, seven hundred twenty-seven thousand, six hundred eighty-two dollars (\$7,727,682.00) for employability screening services and two hundred thousand dollars (\$200,000) for comprehensive evaluation services.

Contract sum shall be for the total amount payable to the Contractor for employability screening services adequately rendered during the three-year basic contract term, and for services adequately rendered for the comprehensive evaluations for the GR to SSI Project, which will last from July 30, 2008 until July 29, 2009, or until all of the referred GR participants have been seen, or until the project funds are depleted, whichever occurs first (Attachment A.1, Statement of Work).

For the employability screening services, the estimated cost for year one renewal option is \$2,575,894; the estimated cost for year two renewal option is \$2,575,894, for a maximum five-year contract cost of \$12,879,470.

2. Contractor shall provide Employability Screening Services to General Relief (GR) applicants/participants referred by County as provided for under Attachment A, Statement of Work, Specific Tasks.

Additionally, the Contractor shall provide comprehensive medical/mental evaluations for disabled individuals under the GR to SS&I Project referred by County as provided for under Attachment A.1, Statement of Work.

3. County shall pay Contractor for each completed employability screening performed. County shall pay Contractor a firm, fixed rate per GR employability screening, per contract region during the term of this Contract as follows:

REGION	I	II	III	IV	V	VI	VII	VIII
COST PER SCREENING	\$37.32	\$36.43	\$36.43	\$36.43	\$37.32	\$37.32	\$36.43	\$53.03

Additionally, the County shall pay Contractor for each comprehensive medical/mental evaluation, and write-up completed. County shall pay Contractor a firm, fixed rate per comprehensive evaluation and write-up (Attachment B.1) during the term of this amended Contract as follows:

- a) Comprehensive Medical Evaluation and Write-up \$335.00
- b) Specialist Evaluation and Write-up \$275.00
- c) Comprehensive Mental Evaluation and Write-up \$275.00
- d) Psychological Evaluation and Write-up \$325.00

5. The Contractor shall submit separately, the invoices for the employability screening services and the comprehensive evaluations (Technical Exhibit 1) to the CCA on a monthly basis, within fifteen (15) calendar days after the end of the month in which services were provided. The contractor shall not be compensated for services that cannot be validated by the County's LEADER System.
8. The Contractor shall invoice and the County shall authorize payment only for employability screenings and comprehensive evaluations actually completed during the invoice month.

The County shall not authorize payment for any follow-up/second examination that is conducted because of the Contractor's recommendation. For invoicing purposes, the Contractor shall clearly identify employability re-screening as *"Contractor required follow-up screening"* and comprehensive second examinations as *"Contractor required second examination."* However, the County shall authorize payment for any re-screening which results from a referral by the County due to a change in the individual's medical condition. For invoice purposes, the Contractor shall clearly identify employability re-screening as *"County referred follow-up screening"* and second examinations as: *"Contractor performed a second examination."*

2. Attachments

Attachment A.1 -	Statement of Work for Comprehensive Medical/Mental Evaluations for the General Relief (GR) to Stable Support and Income (SS&I) Project, and Technical Exhibits.
Attachment B.1-	GR to SS&I Project - QTC Cost Breakdown

All other terms and conditions of the contract remain in full force and effect.

IN WITNESS WHEREOF, the Board of Supervisors of the COUNTY of Los Angeles has caused this Amendment to be subscribed by the Chair, and the seal of said Board hereto affixed and attested by the Executive Officer-Clerk thereof, and the CONTRACTOR has subscribed the same through its authorized officer(s), on this 29th, day of July 2008. The person signing on behalf of CONTRACTOR warrants under penalty of perjury that he or she is authorized to bind CONTRACTOR.

COUNTY OF LOS ANGELES

By

Yvonne B. Bente
Chair, Board of Supervisors

ATTEST:

SACHI HAMAI
Executive Officer-Clerk
Of the Board of Supervisors

By

Donna Khana
Deputy



I hereby certify that pursuant to
Section 25103 of the Government Code,
delivery of this document has been made.

SACHI A. HAMAI
Executive Officer
Clerk of the Board of Supervisors

By

Donna Khana
Deputy

APPROVED AS TO FORM:

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

Raymond G. Fortner, Jr.
County Counsel

18

JUL 29 2008

By

David Beaudet
Senior Deputy County Counsel

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

CONTRACTOR'S NAME:

(If Contractor is a corporation or limited corporation, signatures from two authorized persons are needed)

CONTRACTOR

Samir Salami
(Name)

By

MARTIE SHAHANI
(Name)

CHIEF EXECUTIVE OFFICER
Title

JULY 14, 2008
Date

CONTRACTOR

Grant Kim
(Name)

By

GRANT KIM
(Name)

CHIEF OPERATING OFFICER
Title

JULY 14, 2008
Date

Contractor Tax Identification Number: 95-3945919

EMPLOYABILITY SCREENING SERVICES FOR GENERAL RELIEF APPLICANTS/PARTICIPANTS

STATEMENT OF WORK

Comprehensive Medical/Mental Evaluations For the General Relief (GR) to Stable Support and Income (SS&I) Project

1.0 DESCRIPTION OF SERVICES

Contractor shall provide comprehensive medical and mental evaluations and write-ups, which will include diagnostic and clinical results for disabled individuals under the GR to SS&I Project described in this Statement of Work.

1.1 Scope of Work

Contractor shall provide comprehensive medical and mental evaluation and write-ups, which will include diagnostic and clinical results for disabled individuals in the GR to SS&I Project described in this Statement of Work.

2.0 RESPONSIBILITIES

The County's and the Contractor's responsibilities are as follows:

2.1 County Personnel

1. County Contract Administrator (CCA):

The County will designate a County Contract Administrator (CCA) for the County on all policy, procedures, requirements, performance, and information pertaining to the amended Contract.

The CCA is not authorized to make any changes in the Standard Terms and Conditions of the Contract and is not authorized to obligate the County in any way whatsoever.

2. Designated Staff

Designated staff will send referrals (Technical Exhibit 2) requesting an appointment with the QTC contact staff (via mail, phone or fax) to QTC's central location facility:

Carmel Medical Evaluations
1218 W. Olive Ave.
Burbank, CA 91506
Phone: (818) 840-1365
Fax: (818) 842-6429

2.2 Contractor Personnel

Contractor shall conduct background checks on all staff providing services relating to the GR to SS&I project. All background checks shall be kept on file and available for review upon County's request.

1. Contract Manager

The Contractor shall provide a Contract Manager and alternate who will act as liaison with DPSS and be responsible for planning, coordinating and implementing service delivery systems for the GR to SS&I Project. The Contract Manager and alternate shall be identified, in writing, prior to the execution of the amended Contract, and at anytime thereafter a change of Contract Manager or alternate is made.

2. Medical Professionals

The Contractor shall provide a licensed physician, a licensed psychiatrist, and a licensed psychologist as part of the health care team to assist participants in the GR to SSI&I Project.

3.0 SPECIFIC TASKS

The Contractor shall create a medical folder for each participant for whom a comprehensive medical and mental evaluation is performed for participants in the GR to SS&I Project. The folder shall contain, including, but not limited to: medical history questionnaire, patient rights and responsibilities, consent to treatment, authorization for release of medical records, participant survey questionnaire, intake history, progress notes and shall be available each time the participant is seen by the Contractor. Any future medical findings shall be maintained in the same folder.

1. QTC Contact Staff

QTC contact staff will do the following:

- a) Receive a referral request from Designated DPSS staff (via mail, phone or fax).

- b) Receive a release of information form (Technical Exhibit 3 and 3.A) from Designated DPSS staff (mail or fax).
- c) Register referred participants.
- d) Schedule an appointment with the QTC medical office located closest to the participant's home (when possible), within three to five business days of the initial referral.
- e) Send authorization request to designated County staff for participants needing additional examinations.
- f) With prior County approval, schedule appointments for participants who may need additional examinations, and mail appointment to the participant with a copy forwarded to DPSS.

2. Appointments

- a) The contractor will receive referrals via telephone and/or fax from County staff and shall schedule an appointment with the location closest to the participant.
- b) Appointments will be scheduled within three to five days from the date of initial referral.
- c) For participants who may need additional examinations, with prior DPSS approval, QTC will schedule an appointment, send letter to participant with a copy forwarded to DPSS.
- d) The Contractor shall ensure that GR participants who arrive on time are seen within 30 minutes of their scheduled appointment.

3. Physician / Psychiatrist / Psychologist

The Physician/Psychiatrist/Psychologist shall do the following:

Physical Evaluation

- Provided by a board eligible or Board Certified physician (approximately one hour of physician's time includes review of medical records, evaluation and physical examination, preparation of write-up and medical source statement.
- Electrocardiogram.
- Chest x-ray, 2 views.

- Laboratory blood tests –
 - Comprehensive Metabolic Panel.
 - Complete Blood Count.
 - Urinalysis.

Mental Evaluation

- Provided by a board eligible or Board Certified Psychiatrist (approximately one hour of physician's time includes review of medical records, evaluation and physical examination, preparation of write-up and medical source statement).
 - History of present illness.
 - Past medical and psychiatric history.
 - Social history.
 - Mental status.
 - DSM-IV diagnosis.
 - Medical source statement.

Specialist Evaluation (orthopedic or neurology)

- Should it be determined that a specialist evaluation is required by an orthopedic surgeon or neurologist, the participant will be scheduled with the appropriate specialist (approximately one hour of physician's time includes review of medical records, evaluation and physical examination, preparation of write-up and medical source statement).

Psychological Evaluation

- Evaluation by a licensed psychologist who will spend a minimum of one hour with the GR participant to determine the appropriate psychological testing necessary based on the participant's presentation. Additional time by psychologist is needed to administer, score, and interpret the tests, review of medical records, preparation of write-up, and medical source statement.

The cost for each evaluation is all-inclusive. If an additional evaluation is required based on initial evaluation results, the Contractor shall request approval from the County prior to conducting additional examinations.

At the end of the comprehensive examination, the Physician/Psychiatrist/Psychologist shall do the following:

1. Document medical history of participant.
2. Assess participant's ability to work.
3. Record findings, assessment, and recommendations.
4. Discuss medical findings with the participant.
5. Compile all available medical/mental documentation.
6. Complete a write-up. All completed write-ups shall be submitted to the County Designated staff within 15 days, to the following address:

Los Angeles County
Department of Public Social Services
General Relief & CAPI Programs Section
12820 Crossroads Parkway South
City of Industry, CA 91746
ATTENTION: Designated County staff

3.1 GR Comprehensive Medical and Mental Evaluation Write-up

Upon completion of the evaluation for participants in the GR to SS&I Project, we are requesting QTC to produce a write-up that conveys the full story of the GR participant's past and present disabling condition. The write-up should be submitted to the County within 15 days and should include at minimum, the following:

1. A review of the listing of impairments for each physical/mental problem that the participant has.
2. A comparison of the clinical findings and symptoms specified in the SSA Listing with the findings recorded in the participant's medical record provided by any treating professional.
3. A description of the physical and/or mental impairments considered to meet the criteria for single or a combination of SSA disability listing.
4. Inclusion of existing medical documentation from previous available evaluations/sources.
5. Evidence to support a physical/mental determinable impairment. Write-up must indicate whether the impairment has lasted or is expected to last 12 months or more, or will result in death.

6. Functional information demonstrating that the individual's impairment prevents him or her from working.
7. Use of recognized medical terms or measurements described in the Listing of Impairments.
8. If criteria for a listed impairment are not met, specifies the participant's functional limitations secondary to all specified disorders, how long they have lasted and are expected to last, the participant's ability to do basic work activities, and any special circumstances.
9. A closing summary statement of all functional limitations, specifying what listing(s) is/are met.

3.2 Reporting Tasks

1. The Contractor shall complete a Monthly Management Report (MMR) for the GR to SS&I Project participants. This report, which shall be submitted to the CCA by the 15th calendar day of each succeeding month, and shall summarize:
 - a. Statistical data regarding GR comprehensive medical/mental evaluations processed during the report month, accompanied by a list of the applicant/participants served (the County will provide the Contractor with sample format).
 - b. Statistical data regarding physician/psychiatrist activities to include a list of the providers and the number of GR comprehensive medical/mental evaluations each provider completed during the report month.
2. Complete and provide to the CCA, any reports/forms as required by County, and by the due dates established by County.

GR COMPREHENSIVE MEDICAL/MENTAL EVALUATION

MONTHLY INVOICE FORMAT

Date: _____ Service Month: _____

Vendor Name: _____ Contract Number: _____

Address: _____

Contractor Social Security or
Taxpayer I.D. Number: _____ Telephone Number: _____

GR COMPREHENSIVE MEDICAL/MENTAL EVALUATION

Total Number of GR Comprehensive Medical/Mental Evaluations Performed This Service Month:

District	Name of Participant	Physical	Specialist (Medical)	Mental	Psych	Rate Per Evaluation	TOTAL AMOUNT

NET AMOUNT DUE TO Contractor: \$ _____

Contractor's Authorizing Signature

Date Signed

County Contract Administrator Signature

Approval Date

Date to Fiscal Operations Section



GR/SSI Appointment Fax Request

Fax to (818) 842-6429; Attention: Lusik or Arevatt



Date: _____

Participant Information			
			M F
First Name	Initial	Last Name	Sex
Address		City	Zip Phone
Interpreter Required? circle one: No Yes If yes, indicate language required:			
EXAMINATION REQUESTED – Please check the examination(s) requested:			
<input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Other (please specify):			
Claimed conditions (please list participant's chief complaints):			

Eligibility Worker Contact Information		
Name	Phone	Email

DPSS Liaison Point of Contact	
Name	Email
Phone	Fax Number

For QTC USE ONLY			
Appointment Scheduled for (circle one) Physical Mental Other _____ (If more than one appointment, copy form and provide appointments separately)			
Appointment Date	Time	Physician Name	
Medical Facility Name			
Address		City	Zip
Phone		Fax	
QTC GR/SSI Liaison			

APPLICANT'S AUTHORIZATION
FOR RELEASE OF INFORMATION

(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

To:

I, _____, RESIDING AT _____

_____, HEREBY AUTHORIZE YOU TO RELEASE TO THE _____

(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER) SPECIFIC

INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONCERNING _____

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE _____

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

SIGNATURE OF APPLICANT		DATE
BIRTHPLACE	BIRTHDATE	MAIDEN NAME OF MOTHER
SIGNATURE OR NAME OF SPOUSE		DATE
BIRTHPLACE OF SPOUSE	BIRTHDATE OF SPOUSE	MAIDEN NAME OF SPOUSE'S MOTHER

AUTORIZACION DEL SOLICITANTE PARA DAR INFORMACION

(DEPENDENCIA/AGENCIA O PERSONA A QUIEN SE LE PIDE LA INFORMACION)

A:

1. YO, _____, CON DOMICILIO EN _____
_____, POR MEDIO DE LA PRESENTE LES AUTORIZO PARA QUE LE DEN A

(NOMBRE DE LA DEPENDENCIA/AGENCIA, INSTITUCION, O PROVEEDOR PARTICULAR)

LA INFORMACION ESPECIFICA QUE ESTA DEPENDENCIA/AGENCIA PIDIO Y QUE YO NO PUEDO PROPORCIONAR EN RELACION A _____

ESTA INFORMACION SE NECESITA PARA EL SIGUIENTE PROPOSITO _____

ESTE FORMULARIO SE LLENO POR COMPLETO Y LO LEI (O ME LO LEYERON) ANTES DE FIRMARLO.

FIRMA DEL SOLICITANTE		FECHA
LUGAR DE NACIMIENTO	FECHA DE NACIMIENTO	NOMBRE DE SOLTERA DE LA MADRE
FIRMA O NOMBRE DEL/DE LA ESPOSO(A)		FECHA
LUGAR DE NACIMIENTO DEL/DE LA ESPOSO(A)	FECHA DE NACIMIENTO DEL/DE LA ESPOSO(A)	NOMBRE DE SOLTERA DE LA MADRE DEL/DE LA ESPOSO(A)


MODERNIZING AMERICA'S MEDICAL AND DISABILITY EXAMINATIONS

May 13, 2008

Ms. LaShonda Diggs
 HSA II In-Charge, General Relief & CAPI Programs Section
 County of Los Angeles
 Department of Public Social Services
 12860 Crossroads Parkway South
 City of Industry, CA 91746

RE: GR to Stable Support & Income (SS&I) Project – Cost Breakdown

Dear Ms. Diggs:

Per the County's request, the following is the cost breakdown for each of the evaluations submitted by QTC to the County for the GR SS&I Project on May 12, 2008.

Physical Evaluation

Evaluation by a board eligible or Board Certified physician (approximately one hour of physician's time includes review of medical records, evaluation and physical examination, preparation of write-up, and medical source statement)		150
Administrative Fee ¹		75
Electrocardiogram (EKG)		34
Chest X-ray (2 views)		45
Laboratory blood tests		
Comprehensive Metabolic Panel		15
Complete Blood Count		11
Urinalysis		5
Total Cost per Physical Evaluation		335

Mental Evaluation

Evaluation by a board eligible or Board Certified psychiatrist (approximately one hour of physician's time includes review of medical records, evaluation and physical examination, preparation of write-up, and medical source statement)		200
Administrative Fee ¹		75
Total Cost per Mental Evaluation		275

Specialist Evaluation (Orthopedic or Neurology)

Evaluation by a board eligible or Board Certified psychiatrist (approximately one hour of physician's time includes review of medical records, evaluation and physical examination, preparation of write-up, and medical source statement)		200
Administrative Fee ¹		75
Total Cost per Specialist Evaluation		275

Psychological Evaluation

Evaluation by a licensed psychologist who will spend a minimum of one hour with the GR participant to determine the appropriate psychological testing necessary based on his/her presentation. Additional time by psychologist is needed to administer, score, and interpret the tests, review of medical records, preparation of write-up, and medical source statement		250
Administrative Fee ¹		75
Total Cost per Psychological Evaluation		325

¹ Administrative Fee – includes administration costs associated with performing each evaluation and will include but is not limited to, the following: administrative costs incurred in setting up appointment, notification of GR liaison, reminder to GR participant, preparation for evaluation (e.g. medical assistants performing history intake, vital signs, etc.), quality assurance review of write-up, review of write-up to determine if impairments meets or equals disability listings, and preparation of write-up and invoice to deliver to County.

The cost for each evaluation is all-inclusive. If additional testing is required based on the GR participant's presentation on examination, for example, additional x-rays, the County will be invoiced only the respective total cost per evaluation(s) performed. Please do not hesitate to contact me if you have any questions.

Sincerely,

David Louie
Program Manager
909-859-2114
dlouie@qtc.com

Enclosures